



Att. Dkt. No. 038440-0121

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jun KITAKADO

Title: ADAPTIVE ARRAY WIRELESS COMMUNICATION
APPARATUS, RECEPTION LEVEL DISPLAY METHOD,
RECEPTION LEVEL ADJUSTING METHOD, RECEPTION
LEVEL DISPLAY PROGRAM AND RECEPTION LEVEL
ADJUSTING PROGRAM

Appl. No.: 10/528,097

International Filing Date: 9/1/2003

371(c) Date: 03/16/05

Examiner: Kamran Afshar

Art Unit: 2617

Confirmation No.: 5828

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

02/24/2009 JADD01 00000074 10528097

01 FC:1801

810.00 OP

[] Please enter and consider the amendment and/or reply previously filed on ____.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ___ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ___.

b. Enclosed are:

☒ Credit Card Payment Form.

☒ Amendment and Reply Accompanying RCE.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO/SB/08 with copies of ___ listed reference(s).

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$810.00	= \$810.00
Total Claims:	19	-	20 = 0	x \$52.00	= \$0.00
Independents	5	-	6 = 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$0.00
CLAIMS FEE TOTAL:					= \$810.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$130.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$490.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,110.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,730.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,350.00		\$0.00
	EXTENSION FEE SUBTOTAL:			\$0.00
	EXTENSION FEE ALREADY PAID:	-		\$0.00
	EXTENSION FEE TOTAL			\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:			\$810.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:			\$810.00

A credit card payment form in the amount of \$810.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 23, 2009

By Phillip J. Articola

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